

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540723

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
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8						
9						
10						
11						
12						
13						
14						
15						
16						
17	1		1			
18		0		2		
19	1					
20	1					
21						
22						
23						
24	1					
25	1					
26	1					
27	1					
28						
29	1					
30	1					
31	1					
32	1					
33	1					
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35	1					
36	1					
37	1					
38	1					
39						
40	1					
41	1					
42	1					
43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	20	↓	2	↓		↓
TOTAL DEP.	23	←	17	←		←
TOTAL CLAIMS	43		19			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						